

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	K: 149600002		CITY OR TOV	WIN WINTERC	JP
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WINTHROP AR	MS INC.			
DOING BUSINESS	A				
ADDRESS 130 GRO	OVERS AVE.				
CITY/TOWN: WI	NTHROP	STATE: MA	ZIP CODE	2: 02152	
MANAGER: GOL	L, DAVID J. T	YPE OF LICENSE:In	nholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	IISES:			
FIRST FLOOR SER PARLOR	VICE BAR AND S	STORAGE. DINING	ROOM, BALLRO	OOM AND SUN	I
I hereby certify and	swear under penalti	es of perjury that:			
1. the renew	ved license will be o	of the same type for th	e same premises	now licensed;	
2. the licens	see has complied wi	th all laws of the Con	nmonwealth relati	ng to taxes; and	
3. the premi	ises are now open for	or business (If not exp	lain below)		
SIGNED BY:			0.00		
	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:		DYER IDENTIFICAT	
			(Note: NO	Individual Social S	Security Number)
We the undersigne	d, attest that we a	re in possession (1) t	he certificate req	quired by Chapt	er 304 of the
		inspector and the hea			
ncense and (2) the	certificate of fiquo	or liability insurance	required by Cha	ipter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	ain)				
(II disupproved expi	·····)				
DATE:					
			-		



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	149600003		CITY OR TOWN	WINTHRO	P
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: \	WINTHROP GOLF	CLUB			
DOING BUSINESS A					
ADDRESS 453 MAIN	ST.				
CITY/TOWN: WINT	HROP	STATE: MA	ZIP CODE:	02152	
MANAGER: GADSE A M.	BY,PATRICI TYPE	OF LICENSE: Clu	ıb C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		1
DESCRIPTION OF LI	CENSED PREMISE	S:			
ENTIRE BASEMENT,	FIRST AND SECO	ND FLOOR OF A	THREE STORY C	LUBHOUSE	
I hereby certify and swe	ear under penalties of	f perjury that:			
1. the renewed	license will be of the	e same type for the	same premises now	licensed;	
2. the licensee	has complied with al	l laws of the Com	nonwealth relating t	o taxes; and	
3. the premises	s are now open for bu	siness (If not expl	ain below)		
SIGNED BY:					
]	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT	
			(Note: NOT Inc	dividual Social So	ecurity Number)
We the undersigned,	attest that we are in	possession (1) th	e certificate requir	ed by Chapto	er 304 of the
Acts of 2004, signed be license and (2) the cer					
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain)				
			-		
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 149600004	C	ITY OR TOWN	WINTHRO	P
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: COTTAGE PARK	YACHT CLUB			
DOING BUSINESS A				
ADDRESS 1 BAKER SQ				
CITY/TOWN: WINTHROP	STATE: MA	ZIP CODE:	02152	
MANAGER: REILLY, ELLEN M. TYF	PE OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WI DESCRIPTION OF LICENSED PREMIS ENTIRE FIRST FLOOR OF A ONE AND FIRST FLOOR			PIER TO RI	EAR OF
 the renewed license will be of the licensee has complied with the premises are now open for 	all laws of the Common	nwealth relating to		
SIGNED BY: Individual, Partner	or Authorized Corpora	te Officer		
DATE: TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor	spector and the head o	f the fire departn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



www.mass.gov/abcc

LICENSE NUM	BER: 1496000005		CITY OR TOWN WIND	I HROP
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAM	ME: PLEASANT I	PARK YACHT CLUB, I	NC.	
DOING BUSIN	ESS A			
ADDRESS 562	PLEASANT ST.			
CITY/TOWN:	WINTHROP	STATE: MA	ZIP CODE: 0215	2
	WOLSELEY, CHRISTOPHER	TYPE OF LICENSE: Cl	ub CATEGO	ORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	EMISES:		
		OOR OF A TWO STOR' RAGE IN CELLAR	Y CLUBHOUSE AND FEN	CED IN AREA
I hereby certify a	and swear under pen	alties of perjury that:		
1. the re	enewed license will b	be of the same type for the	e same premises now license	d;
2. the lie	censee has complied	with all laws of the Com	monwealth relating to taxes;	and
3. the pr	remises are now ope	en for business (If not expl	ain below)	
SIGNED BY:				
2101(22 21.	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENT	IFICATION NUMBER:
			(Note: NOT Individual S	ocial Security Number)
			ne certificate required by C d of the fire department fo	
			required by Chapter 116 o	
Please Check Below	<u>/:</u>		LOCAL LICENSING A	UTHORITY
APPROVED: [By:	CITIONIII
DISAPPROVEI	D:		27.	
(If disapproved e	explain)			
			-	
DATE:				
APPLICATION FOR R	RENEWAL MUST BE FILEI	D BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBER	R: 149600007		CITY	OR TOW	N WINTHRO)P
APPLICATION FO	R RENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
	CACKLEBERRIES A BROTHERS RES ERE ST.	,				
CITY/TOWN: WIN	NTHROP	STATE:	MA Z	IP CODE:	02152	
	HCELL, TYP NT P.	E OF LICENS	E:Restauran	it	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER Y	OUR EMAIL ADI	DRESS		_
	LICENSED PREMIS					
	WO ROOMS, BASE swear under penalties			N ROOM		
2. the licens	red license will be of the ee has complied with sess are now open for the license are now open for the	all laws of the	Commonwe	alth relating		
SIGNED BY:	Individual, Partner	or Authorized	Corporate O	fficer		
DATE:	TELEPHONI	E NUMBER:			ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and the	head of th	e fire depa	rtment for the	above named
Please Check Below:			LO	CAL LICEN	NSING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	a111 <i>)</i>					
DATE:						
APPLICATION FOR RENEV	WAL MUST BE FILED BY LI	CENSEES DURING	THE MONTH O	F NOVEMBER	(M.G.L. Ch. 138 \$ 16	6A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 149600009	(CITY OR TOWN	WINTHRO	P
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: WINTHROP YACK	HT CLUB			
DOING BUSINESS A				
ADDRESS 649 SHIRLEY ST.				
CITY/TOWN: WINTHROP	STATE: MA	ZIP CODE:	02152	
MANAGER: TRAINOR, ANNE TYP	E OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	-			
	BSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS ENTIRE SECOND AND THIRD FLOOR		RV CLUB- HOUS	E FIRST FI	OOR:
ONE STORAGE ROOM ON FIRST FLO		KT CLOB-11003	E. PIKST PL	JOOK,
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of t	he same type for the same	ame premises now	licensed;	
2. the licensee has complied with	all laws of the Commo	onwealth relating to	taxes; and	
3. the premises are now open for b	business (If not explain	n below)		
SIGNED BY:		0.00		
Individual, Partner	or Authorized Corpora	ate Officer		
DATE				
DATE: TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT	
		(11016. <u>1101</u> IIId	ividuai 50ciai 50	ceurity (validet)
We the undersigned, attest that we are				
Acts of 2004, signed by the building insplicense and (2) the certificate of liquor l				
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				
·				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 149600012	C	CITY OR TOWN	WINTHRO	P
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: WINTHROP AM	IVETS POST #48			
DOING BUSINESS A				
ADDRESS 155 VETERANS RD.				
CITY/TOWN: WINTHROP	STATE: MA	ZIP CODE:	02152	
MANAGER: DOW, JOSEPH P. TY	YPE OF LICENSE: Veter	ans club CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM ENTIRE PREMISE OF ONE STORY F ONLY			ETERANS R	RD
1. the renewed license will be o 2. the licensee has complied wir 3. the premises are now open for	of the same type for the sa th all laws of the Commo	nwealth relating to		
SIGNED BY: Individual, Partne	er or Authorized Corpora	te Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building is license and (2) the certificate of liquo	nspector and the head o	of the fire departn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:	ING AUTHO	ORITY
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	149600013		CITY OR TOW	N WINTHKO)P
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WINTHROP LODGE	#1078 B.P.O.E.			
DOING BUSINESS A	OF U.S.A., INC.				
ADDRESS 191 WAS	HINGTON AVE				
CITY/TOWN: WIN	ГНКОР	STATE: MA	ZIP CODE:	02152	
MANAGER: WASS	SON, SCOT R. TYPE	OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	S:			
BASEMENT FLOOR BUILDING	FIRST AND SECON	D FLOOR AND F	ENCED IN ARE	A AT REAR C	DF
I hereby certify and sv	vear under penalties of	perjury that:			
1. the renewe	d license will be of the	same type for the	same premises no	ow licensed;	
2. the license	e has complied with all	laws of the Comm	nonwealth relating	g to taxes; and	
3. the premise	es are now open for bus	siness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	rate Officer		
D A TELE					
DATE:	TELEPHONE 1	NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	security Number)
Acts of 2004, signed	, attest that we are in by the building inspe ertificate of liquor lial	ctor and the head	of the fire depa	rtment for the	above named
Please Check Below:	-	•	LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explai	n)				
DATE.					
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 149600014		CITY OR TOWN	WINTHROP	
APPLICATION FOR	RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR	
LICENSEE NAME: DOING BUSINESS A ADDRESS 29 CRES	A FAB'S LIQUORS				
CITY/TOWN: WIN	THROP	STATE: MA	ZIP CODE:	02152	
MANAGER: FABI M.	ANO, JAMES TYPE	OF LICENSE:Pac	ckage Store CA	ATEGORY: All Alcohol	l
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISE	S:			
ONE FLOOR WITH REAR OF BLDG	BACK ROOM,FRON	T ENTRANCE O	N CREST AVE WIT	H REAR EXIT AT	
	ee has complied with al ses are now open for bu	siness (If not expl	ain below)	taxes; and	
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	149600015		CI	TY OR TOWN	WINTHRO)P
APPLICATION FOR	RENEWAL:	Annu	ıal	LICEN	SED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 53 REVE	A DEMETRI		3 STORE,	INC.		
CITY/TOWN: WIN		STATE:	MA	ZIP CODE:	02152	
	ETRIOU,	TYPE OF LICEN	SE:Packag	ge Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
P	LEASE ALSO VISI	Γ OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		」
DESCRIPTION OF L	ICENSED P	REMISES:				
TWO ROOMS IN A	ONE STORY	, BRICK BUILDING	G WITH S	TORAGE CELI	LAR	
I hereby certify and sv	vear under ne	nalties of periury tha	ıt:			
•	-	be of the same type		ne premises nou	licensed:	
				_		
	_	ed with all laws of the		_	to taxes; and	
3. the premise	es are now op	en for business (If no	ot explain	below)		
SIGNED BY:	Individual, I	Partner or Authorized	l Corporate	e Officer		
DATE:	TELE	PHONE NUMBER:				TION NUMBER:
				(Note: NOT Inc	dividual Social S	ecurity Number)
Please Check Below:			I	LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			I	Зу:		
DISAPPROVED:						
(If disapproved explai	n)					
			•			
DATE:						



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 149600016	CITY OR TOWN WINTHROP
APPLICATION FOR RENEWAL: Annua	al LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: BY THE SEA LIQUORS,INC.	
DOING BUSINESS A BY THE SEA LIQUORS INC.	
ADDRESS 524-30 SHIRLEY ST.	
CITY/TOWN: WINTHROP STATE:	MA ZIP CODE: 02152
MANAGER: PATEL, JINGA TYPE OF LICENS DINBANDHU	SE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE ENTRANCE ON SHIRLEY ST;EXIT AT SIDE CREAR OF STORE INTO YARD. ONE ROOM ON STR	
 the renewed license will be of the same type f the licensee has complied with all laws of the the premises are now open for business (If no 	Commonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Authorized	Corporate Officer
D. 1977	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
	
DATE:	



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 149600018		CITY OR TOWN	WINTHRO)P
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 3 SOME					
CITY/TOWN: WI		TATE: MA	ZIP CODE:	02152	
MANAGER: LUC	CERTO, PAUL L TYPE OF	LICENSE:Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISES:				
	TREET FLOOR;REAR RO OMERSET AVE, ENTRAN				
I hereby certify and	swear under penalties of pe	rjury that:			
1. the renew	ved license will be of the sa	me type for the	same premises now	licensed;	
2. the licens	see has complied with all la	ws of the Comi	nonwealth relating to	taxes; and	
3. the premi	ses are now open for busin	ess (If not expl	ain below)		
SIGNED BY:		4 : 10	. 055		
	Individual, Partner or Au	ithorized Corpo	orate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER	IDENTIFICAT	TON NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1496000)19	CITY OR TOWN	WINTHROP	
APPLICATION FOR RENEW	Annual Annual	Annual LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: ASHIRV	/AD,INC.			
DOING BUSINESS A THOM	IPSON'S TOWNE LIQUOR M	IART		
ADDRESS 253 WASHINGTO	ON AVE.			
CITY/TOWN: WINTHROP	STATE: MA	ZIP CODE:	02152	
MANAGER: PATEL, DINBANDHU	TYPE OF LICENSE:Pa	ackage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICENSE	D PREMISES:			
ONE ROOM ON STREET FLOONLY FOR RECEIVING GOO			E ENTRANCE	
3. the premises are nov	nplied with all laws of the Com w open for business (If not exp	lain below)	o taxes; and	
Individu	al, Partner or Authorized Corp	oorate Officer		
DATE: TE	ELEPHONE NUMBER:		IDENTIFICATION NUMBER:	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	149600020		C	ITY OR TOWN	WINTHRO)P
APPLICATION FOR I	RENEWAL:	Annu	Annual LICENSED FOR 2013			013
		CLA	SS			YEAR
LICENSEE NAME:	LP & B, INC					
DOING BUSINESS A	MAGEE'S O	CORNER LIQUOR	S			
ADDRESS 401 WINT	HROP ST					
CITY/TOWN: WINT	HROP	STATE:	MA	ZIP CODE:	02152	
MANAGER: TRAN	, ELVIS D.	TYPE OF LICEN	SE:Packa	ge Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAII	ADDRESS		_
DESCRIPTION OF LI	CENSED PR	EMISES:				
ONE ROOM ON STR WINTHROP ST; REA					ENTRANCE	ON
I hereby certify and sw				J ONE I		
•	-	be of the same type		ne premises nov	v licensed:	
		d with all laws of the		_		
	_	en for business (If no		_	io taxes, and	
3. the premise	s are now ope	on for ousiness (if its	жехрин	below)		
GIONED DV						
SIGNED BY:	Individual, Pa	artner or Authorized	l Corporat	e Officer		
	, , , , , , , , , , , , , , , , , , , ,					
DATE:	TEI EE	PHONE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEEET	HONE WOMBER.		(Note: NOT In	dividual Social S	ecurity Number)
Dlagge Chook Deleve						OD 1777 /
Please Check Below: APPROVED:				LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED:	7		-	By:		
(If disapproved explain	1)					
-						
				-		
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 149600021		CITY OR TOWN	WINTHRO	P
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	PAESAN'S, INC				
DOING BUSINESS	A				
ADDRESS 10 PUT	NAM ST				
CITY/TOWN: WI	NTHROP	STATE: MA	ZIP CODE:	02152	
MANAGER: PISA	ANI, ROBERT TYPE	OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	ES:			
BRICK OVEN PIZZ	ZERIA WITH OPEN K	ITCHEN, DINING	AREA FRONT AN	ID REAR EX	ITS
I hereby certify and	swear under penalties o	f perjury that:			
1. the renev	ved license will be of th	e same type for the s	same premises now	licensed;	
2. the licens	see has complied with a	ll laws of the Comm	onwealth relating to	taxes; and	
3. the prem	ises are now open for b	usiness (If not explain	in below)		
SIGNED BY:					
	Individual, Partner o	r Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	RIDENTIFICATI	ION NUMBER:
			(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigne	ed, attest that we are in	n nossession (1) the	cartificata raquire	ad by Chante	or 304 of the
	ed by the building insp				
license and (2) the	certificate of liquor li	ability insurance re	quired by Chapte	r 116 of the <i>A</i>	Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved expl	ain)				
			-		
DATE:					
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN	WINTHRO)P
.: Annual	LICEN	SED FOR 20	013
CLASS			YEAR
CEUR A. BELGHITI			
STATE: MA	ZIP CODE:	02152	
TYPE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
]
IT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
PREMISES:			
			ΓRANCE
NE ENTRANCE,EXIT ON	HAGMAN RD EXT		
ll be of the same type for the ed with all laws of the Com	nonwealth relating t		
Partner or Authorized Corpo	orate Officer		
EPHONE NUMBER:			
ding inspector and the head	d of the fire depart	ment for the	above named
	LOCAL LICENS	SING AUTHO	ORITY
	By:		
	CLASS ACEUR A. BELGHITI STATE: MA TYPE OF LICENSE: Reserved to the state of perjury that: Il be of the same type for the state with all laws of the Compensation of the state of the sta	CLASS ACEUR A. BELGHITI STATE: MA ZIP CODE: TYPE OF LICENSE: Restaurant C. STOUR WEBSITE AND ENTER YOUR EMAIL ADDRESS PREMISES: BAR AREA CONSISTING OF 2500 SQ FT WITH NE ENTRANCE, EXIT ON HAGMAN RD EXTENDED TO THE SAME AND EXTENDED TO THE SAME AND EXTENDED TO THE SAME PROBLEM OF T	CLASS CEUR A. BELGHITI STATE: MA ZIP CODE: 02152 TYPE OF LICENSE: Restaurant CATEGORY: TOUR WEBSITE AND ENTER YOUR EMAIL ADDRESS PREMISES: BAR AREA CONSISTING OF 2500 SQ FT WITH ONE ENTONE ENTRANCE, EXIT ON HAGMAN RD EXT Tenalties of perjury that: Il be of the same type for the same premises now licensed; ied with all laws of the Commonwealth relating to taxes; and upen for business (If not explain below) Partner or Authorized Corporate Officer EPHONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social S) we are in possession (1) the certificate required by Chapteding inspector and the head of the fire department for the liquor liability insurance required by Chapter 116 of the LOCAL LICENSING AUTHOR.



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 149600026		CITY OR TOWN WII	VIAKOP
APPLICATION :	FOR RENEWAL:	Annual	LICENSED 1	FOR 2013
		CLASS		YEAR
	ME: FAZIO ENTERPRI ESS A FAZIO MOBILE	SES, INC.		
ADDRESS 0003	0A MAIN STREET			
CITY/TOWN:	WINTHROP	STATE: MA	ZIP CODE: 021	152
MANAGER: F	AZIO, MICHAEL TYP. G.	E OF LICENSE:Pa	ckage Store CATEC	GORY: Wine and Malt Regular
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PREMIS PACKAGE STORE	ES:		
2. the lic		all laws of the Compusiness (If not expl		
	marviduai, Fartilei	or Aumorized Corp	orate Officer	
DATE:	TELEPHONI	E NUMBER:		TTIFICATION NUMBER: I Social Security Number)
Please Check Below: APPROVED: DISAPPROVED (If disapproved e):		LOCAL LICENSING By:	AUTHORITY
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 149600027	CITY OR TOWN WINTHROP	
APPLICATION FOR RENEWAL:	Annual LICENSED FOR 2013	
	CLASS YEAR	
LICENSEE NAME: KIM ABRAMS AND CARO DOING BUSINESS A THE GOVERNOR'S GAR		
ADDRESS 3 CREST AVENUE		
CITY/TOWN: WINTHROP STA	TE: MA ZIP CODE: 02152	
MANAGER: ABRAMS, KIM TYPE OF LIG	CENSE:Package Store CATEGORY: Wine and Malt Regu	lar
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND DESCRIPTION OF LICENSED PREMISES:	ENTER YOUR EMAIL ADDRESS	
1. the renewed license will be of the same 2. the licensee has complied with all laws of the premises are now open for business SIGNED BY:	type for the same premises now licensed; of the Commonwealth relating to taxes; and	
Individual, Partner or Autho	rized Corporate Officer	
DATE: TELEPHONE NUME	ER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:	
DATE:		
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES D	URING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)	



www.mass.gov/abcc

LICENSE NUI	MBER: 149600029		CITY OR TOWN WINT	HROP
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NA	AME: LA SIESTA	RESTAURANTE, LLC		
DOING BUSIN	NESS A LA SIEST.	A RESTAURANTE		
ADDRESS 70-	-74 WOODSIDE AV	VENUE		
CITY/TOWN:	WINTHROP	STATE: MA	ZIP CODE: 02152	
MANAGER:	VASQUEZ, MARTIN BARRAZA	TYPE OF LICENSE: Resi	taurant CATEGOI	RY: All Alcohol
EMAIL ADDR	RESS:			
		T OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	N OF LICENSED P	REMISES:		
KITCHEN AN THERE ARE 4	D INDIVIDUAL TA SEPARATE MEA	NT.THE RESTAURANT IN ABLES AND SEATING TO NS OF EGRESS INTO THE D REAR OF THE BUILDIN	ACCOMMODATE 99 PE E RESTAURANT 2 OF WH	OPLE.
I hereby certify	and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed	;
	•	ed with all laws of the Comm	•	and
3. the 1	premises are now op	en for business (If not expla	in below)	
SIGNED BY:	Individual, I	Partner or Authorized Corpor	rate Officer	
DATE:	TEI E	PHONE NUMBER:	EMPLOYER IDENTIF	ICATION NUMBER:
	TEEE	THORE RUNDER.	(Note: NOT Individual So	cial Security Number)
Acts of 2004,	signed by the build) the certificate of l	we are in possession (1) the ling inspector and the head liquor liability insurance re	of the fire department for equired by Chapter 116 of	the above named the Acts of 2010.
APPROVED:	<u></u>		LOCAL LICENSING AU By:	ITUKII I
DISAPPROVE	ED:		Dy.	
(If disapproved	l explain)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBE	R: 149600030		CITY OR TOWN	WINTHROP
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: HONG KONG I	ORAGON RESTAUR	ANT, INC.	
DOING BUSINESS	S A HONG KONG	DRAGON RESTAU	RANT	
ADDRESS 66-68 V	VOODSIDE AVE.			
CITY/TOWN: WI	NTHROP	STATE: MA	ZIP CODE:	02152
MANAGER: MA	N CHIU, WAI T	YPE OF LICENSE:R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
	A DINGING ROOM	E AVE,CONSISTING M AND KITCHEN W		
I hereby certify and	swear under penalt	ies of perjury that:		
1. the renev	wed license will be	of the same type for th	ne same premises now	licensed;
2. the licen	see has complied w	rith all laws of the Con	nmonwealth relating t	o taxes; and
3. the prem	nises are now open f	for business (If not exp	olain below)	
CICNED DV				
SIGNED BY:	Individual, Partr	ner or Authorized Corp	porate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(10te. <u>1401</u> Inc	iividuai Sociai Security Ivuilibei)
Acts of 2004, signe	ed by the building	inspector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:				SING AUTHORITY
APPROVED:]		By:	and Actifoldi i
DISAPPROVED:			,	
(If disapproved exp	lain)			
			-	
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 14900003	1	CITY OR TOWN WINTEROP	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 201	.3
	CLASS	Y	YEAR
LICENSEE NAME: SAID LAF	HYANI		
DOING BUSINESS A RUSTIC	TABLE		
ADDRESS 503 SHIRLEY STRE	EET		
CITY/TOWN: WINTHROP	STATE: MA	ZIP CODE: 02152	
MANAGER: LAHYANI, SAII	TYPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
ONE STORY STREET ENTRA			
AREA, KITCHEN, TWO RESTR DECK, TWO REAR EXITS, ON			
I hereby certify and swear under			
• •	vill be of the same type for the same	ame premises now licensed;	
2. the licensee has comp	lied with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now	open for business (If not explain	n below)	
SIGNED BY:			
Individual	, Partner or Authorized Corpora	ate Officer	
DATE: TEL	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION	
		(Note: NOT Individual Social Sec	curity Number)
We the undersigned, attest tha	t we are in possession (1) the	certificate required by Chapter	: 304 of the
		of the fire department for the a	
license and (2) the certificate of	f liquor hability insurance rec	quired by Chapter 116 of the A	cts of 2010.
Please Check Below:		LOCAL LICENSING AUTHOR	RITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:		-	



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 149600032		CITY OR	TOWN	WINTHRO	P
APPLICATION FO	R RENEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	: HUANG'S ASAIN CU	JISINE, LLC				
DOING BUSINESS	A OSAKA LUCKY GA	ARDEB				
ADDRESS 516-522	SHIRLEY STREET					
CITY/TOWN: WI	NTHROP	STATE: MA	ZIP CO	ODE:	02152	
MANAGER: HUA	AG, KAILIANG TYPE	OF LICENSE: R	estaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF	LICENSED PREMISES	S:				
	P.FT. OF FIRST FLOOR					
	ONT AND REAR REGR					NG
	-522 SHIRLEY STREET IMILAR SIZED FLOOR					SPACE
	swear under penalties of					
1. the renew	ved license will be of the	same type for th	ne same premi	ises now	licensed;	
2. the licens	see has complied with all	laws of the Cor	nmonwealth r	elating to	taxes; and	
3. the premi	ises are now open for bus	siness (If not exp	plain below)			
SIGNED BY:						
	Individual, Partner or	Authorized Cor	porate Officer	r		
DATE:	TELEPHONE 1	MIMBED.	EN	MPLOYER	DENTIFICAT	ION NUMBER:
	TELEFHONE	NUMBER.				ecurity Number)
We the undersione	ed, attest that we are in	possession (1) t	he certificate	e reanire	ed by Chante	er 304 of the
Acts of 2004, signe	ed by the building inspe	ctor and the he	ad of the fire	departr	nent for the	above named
license and (2) the	certificate of liquor lia	bility insurance	required by	Chapter	r 116 of the <i>A</i>	Acts of 2010.
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						